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Ophthalmia neonatorum or babies' sore eyes may cause the blindness of the child unless prevented or cured.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each.

PLACE OF BIRTH
ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

1. County of Gila State Index No. 86A
 District of Winkelman County Registrar No. _____
 Town of _____ Local Registrar No. _____
 or _____ No. _____ St. _____ Ward _____
 City of _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Kendall Mariner Page If child is not yet named, make supplemental report, as directed.
 3. Sex of Child Male To be answered ONLY in event of plural births.
 4. Twin, triplet or other _____ 5. Legitimate? Yes
 6. Date of birth June 14 1912 Month June Day 14 Year 1912
 7. No. in order of birth Single

8. FATHER
 Full name Russell Page
 9. Residence (Usual place of abode) Winkelman Ariz
 If nonresident, give place and state _____
 10. Color or race White
 11. Age at last birthday 27 (Years)
 12. Birthplace (city or place) Stummer Colorado
 (State or country) Colorado
 13. Occupation Clerk
 Nature of industry 6 years

14. MOTHER
 Full maiden name Ada Elva Pool
 15. Residence (Usual place of abode) Winkelman Ariz
 If nonresident, give place and state _____
 16. Color or race White
 17. Age at last birthday 26 (Years)
 18. Birthplace (city or place) Benson
 (State or country) Arizona
 19. Occupation _____
 Nature of industry Arizona

20. Number of children of this mother one Born alive and now living _____
 (Taken as of time of birth of child herein) (b) Born alive but now dead _____
 certified and including this child.) (c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 I hereby certify that I attended the birth of this child, who was Born alive at 5 P on the date above stated.
 (Born alive or stillborn.)
 *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.
 Signature Dr. F. H. Hoffman (Physician or midwife)
 Address _____
 Given name added from _____
 a supplemental report _____
 Month, day, year. May 9 1913
 Registrar. P. L. Sutton